

Send hard copy signed by the owner / operator and a check for the **\$180 Inventory Review Fee** \* made payable to: Utah Division of Water Quality to:

Utah Department of Environmental Quality  
Division of Water Quality, ATTN: UIC  
P.O. Box 144870  
Salt Lake City, Utah 84114-4870

**Utah**  
Underground  
Injection  
Control  
(UIC)  
Inventory Information

Well Subclass: \_\_\_\_\_  
Facility ID No.: **UTU-** \_\_\_\_\_  
GW SWPZ: \_\_\_\_\_  
Date Entered: \_\_\_\_\_ By: \_\_\_\_\_  
(For DWQ use only)

## Storm Water Drainage Wells

**\* A one-time \$180 Class V Inventory Review Fee must be remitted with each UIC Inventory Information Form for EACH subclass of Class V injection well at EACH facility location.**  
**View UIC Class V Subclasses at: <http://www.waterquality.utah.gov/UIC/UICWellClasses/UICWellClasses.htm#ClassV>**

### FACILITY LOCATION

Facility Name:					Phone:				
Facility Physical Address:							(City)		
Facility Mailing Address:					(City)			(Zip Code)	
Facility Geographic Location:	T. _____		R. _____		Section _____		1/4 of _____		1/4 _____
	<b>Latitude:</b>	Degrees	Minutes	Seconds	UTM Northing (Y):		m or ft		
	<b>Longitude:</b>	Degrees	Minutes	Seconds	UTM Easting (X):		m or ft		
County:							<input type="checkbox"/> NAD 83    or <input type="checkbox"/> NAD 27		

### FACILITY CONTACT

Contact Name:					Phone:					Email:				
Contact Type: (check all that apply)	<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Facility Manager		<input type="checkbox"/> Contractor / Consultant							
	<input type="checkbox"/> Legal / Official Rep		<input type="checkbox"/> DEQ Engineer		<input type="checkbox"/> Local Health Dept		<input type="checkbox"/> Other: _____							
Title:					Organization:									
Contact Mailing Address:							(City)			(Zip Code)				

  

Contact Name:					Phone:					Email:				
Contact Type: (check all that apply)	<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Facility Manager		<input type="checkbox"/> Contractor / Consultant							
	<input type="checkbox"/> Legal / Official Rep		<input type="checkbox"/> DEQ Engineer		<input type="checkbox"/> Local Health Dept		<input type="checkbox"/> Other: _____							
Title:					Organization:									
Contact Mailing Address:							(City)			(Zip Code)				

DWQ Use Only for Date Received Stamp and eDocs Number:

**LAND OWNERSHIP AT FACILITY**

<input type="checkbox"/> Private	<input type="checkbox"/> Public (State or Local)	<input type="checkbox"/> Tribal	<input type="checkbox"/> Federal: _____	<input type="checkbox"/> Other: _____
----------------------------------	--	---------------------------------	---	---------------------------------------

**FACILITY DESCRIPTION**

Primary NAICS Code:		Secondary NAICS Code:	
---------------------	--	-----------------------	--

Description of Business Activity at Facility:

**STORM WATER DRAINAGE WELL OPERATING STATUS (indicate number of wells in appropriate category)**

Proposed	Under Construction / Modification	Active	Temporarily Abandoned	Permanently Abandoned

**STORM WATER DRAINAGE WELL CONSTRUCTION AND SUBSURFACE DETAILS**

Narrative Description of System Construction and Subsurface Details (see Instructions):

Depth to Ground Water:		Ground Water Class:	
------------------------	--	---------------------	--

**STORM WATER CHARACTERIZATION**

Storm Water Capture Area and BMPs Description (see Instructions):

Annual Storm Water Volume (gallons):	
--------------------------------------	--

**COMMENTS**

Use this space for additional contact information and/or other important information about these storm water drainage wells.

**SIGNATURE OF OWNER / OPERATOR**

Name & Title (print or type)	Phone Number
Signature	Date Signed